

## **APPLICATION FOR CONTRACTOR REGISTRATION**

### **INSTRUCTIONS**

**The following application consists of this instruction page and two pages that require responses. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Be sure to attach any requested supplemental information. Submit the completed form to the address noted below. The Board will consider only properly completed applications.**

Please read all questions carefully. Some questions may require additional documentation. Your application will not be processed until the Bureau receives all of the required documentation. You are responsible to order documentation that must be received directly from third parties, and to instruct the third party to send the documents directly to the Board office at the address below (NOTE: this does NOT apply to the insurance certificates). If you are unable to provide any of the required documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information and the application fee must be provided. Failure to provide a complete application will result in a delay in your registration.

**APPLICATION FEE (includes original Registration)    \$30.00**  
**Make checks payable to IBOL**

If you are currently licensed as a public works contractor or a construction manager and are registering to engage in construction or contracting activities other than public works, you are exempt from paying this fee

If you are applying for the registration of a contracting business, you must attach a separate sheet containing the name and address of each principal, member, partner, shareholder, or any other person claiming an ownership interest in the business entity for which registration is being requested.

Your original registration will expire on your next birthday plus 12 months and must be renewed to allow continued practice. In the case of the registration of an entity, the original registration will expire 12 months from the anniversary date of issue. A renewal notice will be sent approximately 6 weeks prior to the expiration date to the mailing address you provide. Failure to notify the Bureau in writing of any change of name or address may result in you not receiving renewal forms or other correspondence.

More information about the application process is available online at [www.ibol.idaho.gov/cont.htm](http://www.ibol.idaho.gov/cont.htm)

Questions regarding this application or the requirements for licensure may be addressed to:

**IDAHO CONTRACTORS BOARD**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**  
**E-mail - [con@ibol.idaho.gov](mailto:con@ibol.idaho.gov)**  
**Web site – [www.ibol.idaho.gov/cont.htm](http://www.ibol.idaho.gov/cont.htm)**

STATE OF IDAHO  
BUREAU OF OCCUPATIONAL LICENSES  
1109 Main Street, Suite 220  
Boise, Idaho 83702-5642

**APPLICATION FOR CONTRACTOR REGISTRATION**

I hereby make application for registration as a contractor in Idaho under the provisions of Title 54, Chapter 52, Idaho Code as either a (You MUST choose either Individual or Entity).

☐ **Individual (Personal) Registration**

☐ **Entity (Business) Registration**

**1. Name of Individual OR Entity** \_\_\_\_\_

Print the name under which business is conducted. The registration will be issued bearing the name listed above.

**2. Business Address** \_\_\_\_\_

(This is your Address of Record and is public record)      Street      City      State      Zip

**3. Mailing Address** \_\_\_\_\_

(This address is not public record)      Street/PO Box      City      State      Zip

**4. For Individual Registration: Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm      dd      yyyy      § 73-122, I. C. requires all applicants to provide a Social Security number.

OR

For Entity Registration : Employer Identification Number. IF APPLICABLE \_\_\_\_\_, and



**NOTE: Applicants for ENTITY registration MUST list below or attach the name and address of each principal, member, partner, shareholder, & any other person claiming an ownership interest in the business entity named above.**

\_\_\_\_\_  
\_\_\_\_\_

**5. Business phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**6. Are you currently licensed as a public works contractor or a construction manager?** ☐ Yes ☐ No

If Yes, please attach a copy of your license and enter your license number and state of licensure here - \_\_\_\_\_

**7. Type of construction** \_\_\_\_\_

**8. You must hold Worker's Compensation Insurance or provide a statement as to why such coverage is not required.** You must attach the certificate and enter the name of the insurance provider company, the certificate number, and the policy effective date.

\_\_\_\_\_  
Insurance Company      Certificate or Policy #      Effective date

OR

Provide a statement as to why such coverage is not required under the laws governing Worker's Compensation. (72-101 – 230, I.C.)

\_\_\_\_\_

**9. You must hold a general liability insurance policy, of not less than \$300,000 single limit.** You must attach the certificate and enter the name of the insurance provider company, the certificate number, and the policy effective date.

\_\_\_\_\_  
Insurance Company      Certificate or Policy #      Effective date

**10. Have you or any other owner referenced by this application ever been licensed or registered as a contractor in any jurisdiction (any city, county, state or federal entity)?** ☐ Yes ☐ No

(If Yes, specify which jurisdictions below.)

\_\_\_\_\_

Continued on next page

**APPLICATION FOR CONTRACTOR REGISTRATION**  
(continued)

**11. Have you or any other owner referenced by this application ever had a contractor license or registration revoked, suspended or otherwise sanctioned?** ☐ Yes ☐ No  
(If Yes, a copy of the charges and final order must be received by the Board directly from each issuing authority.)

**AFFIDAVIT**

I hereby certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing Contractors, and that I will maintain in effect the required Worker's Compensation Insurance and general liability insurance. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, record, statement, recommendation, or evidence that may have bearing on my eligibility for or maintenance of the registration for which I am applying. I also hereby authorize the Bureau to release the information provided on this application about me that may otherwise be protected or confidential to other governmental agencies upon request.

\_\_\_\_\_  
Print Applicant Name or  
Print Entity's Authorized Agent Name

\_\_\_\_\_  
Signature of Individual Applicant or  
Signature of Entity's Authorized Agent

State of \_\_\_\_\_, County of \_\_\_\_\_, ss  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**Complete applications are #1 priority & are processed and presented to the Board  
within 7 business days.**

**DID YOU REMEMBER TO:**

**Check either "Individual" or "Entity"**

**Print the Registrant's name & address**

**Answer ALL of the Questions**

**ATTACH both General Liability & Workman's Compensation Insurance Certificates**

**Include Public Works or Construction Manager Certificate (if applicable)**

**Include the registration fee**

**Sign & have the application notarized**

**Attach the fee**

**\*\*\*PLEASE DO NOT CALL THE BUREAU REGARDING APPLICATION STATUS\*\*\***